



Notice to Owner Regarding Replacement of Life Insurance

Exhibit A

(Used for Internal and External Replacements)

☒ **Massachusetts Mutual Life Insurance Company**
(MassMutual) 1295 State Street, Springfield, MA, 01111-0001
413-788-8411

☐ **C.M. Life Insurance Company** ☐ **MML Bay State Life Insurance Company**
100 Bright Meadow Blvd, Enfield, CT. 06082

MUST BE PRESENTED TO, SIGNED AND DATED BY THE OWNER AND PRODUCER AT THE TIME OF APPLICATION

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

☐ YES

☒ NO

Do not take action to terminate your existing policy until your new policy has been issued and you have examined it and found it acceptable.

Agreements and Signatures

I have read this notice and received a copy of it.

X *By for Attorney in fact for Marcelle Bertrand*

Signature of Owner

Date

X JOSHUA T DEWITT 6/15/2023 12:35:25 PM

Signature of Producer

Date

JOSHUA T DEWITT

FILI FILI

Producer's Name (printed or typed)

Producer's Company (printed or typed)

Producer's Address (No. & Street, City, State, Zip)

Information on Policies which may be replaced:

Company Name	Policy Number	Name of Insured
Fidelity Investments	232163405	Marcelle Bertrand

(A signed and dated copy of this notice must accompany the application.)

F5436FL REV. 807



Notice to Owner Regarding Replacement of Life Insurance

Form D14-1180

(To be used when the existing and proposed policies are written by the same company.)

☒ Massachusetts Mutual Life Insurance Company
(MassMutual) 1295 State Street, Springfield, MA, 01111-0001
413-788-8411

☐ C.M. Life Insurance Company ☐ MML Bay State Life Insurance Company
100 Bright Meadow Blvd, Enfield, CT 06082

MUST BE PRESENTED TO, SIGNED AND DATED BY THE OWNER AND PRODUCER AT THE TIME OF APPLICATION

PLEASE READ CAREFULLY. This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see the reverse side of this form for explanatory notes and instructions as to how this form has been completed.

Part A – Current Policy Information☐ Life ☒ Annuity

Policyowner Name: Marcelle Bertrand Policy Number: 232163405

Current Death Benefit: \$ _____ Premium Amount: \$ _____ Mode of Payment _____

Cash Surrender Value: \$ _____ Paid-up Addition Value: \$ _____ Dividend Value: \$ _____

(The BENEFIT and VALUES stated above will be reduced as funds are used to purchase the policy proposed in Part B, below.)

Part B – Proposed Policy Information☐ Life ☒ Annuity

Initial Death Benefit: \$ _____ Proposed Premium Amount: \$ _____ Mode of Payment _____

Proposed Effective date: _____ Premium payable to age _____ or for _____ years.

NOTE: If you are replacing your current policy, or using 25% or more of your policy values, you may request a WRITTEN comparison between your current policy and the proposed policy. The comparison is to illustrate the policy values for both policies.

Part C – Source of Funding for the Proposed Policy

A loan in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode), bearing a current loan interest of _____ %.

A partial surrender in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

A dividend withdrawal in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

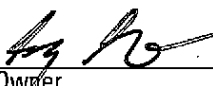
Part D – Your Current Policy Could Terminate

If the policy values of your CURRENT POLICY are used as a source of funding for the purchase of an additional policy, it is estimated that your CURRENT POLICY will terminate on _____ (date).

It is estimated that you will begin making premium payments for the PROPOSED POLICY from your own funds on _____ (date) in the amount of \$ _____ to be paid each _____ (mode).

NOTE: Since the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making payments from your own funds for the PROPOSED POLICY may also change. Estimates as to dates when policies will terminate or when payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans are paid when due.

Signatures

X  Attorney in fact for
Marcelle Bertrand

6/23/23
Date

X JOSHUA T DEWITT 6/15/2023 12:35:25 PM
Signature of Producer or Company Officer

Date

P148599

Florida Licensed Producer ID No. or Corporate Title

(See reverse side for instructions)

(A signed and dated copy of this notice must accompany the application.)

F5436FL REV. 807

Policy Disclosure Form

COMPLETE ONE FORM FOR EACH PREVIOUSLY ISSUED POLICY

ANY REQUIRED REPLACEMENT AND SALES FORMS MUST ALSO BE COMPLETED

ONE COPY IS DELIVERED TO THE POLICYOWNER AND ONE COPY MAINTAINED BY THE INSURED

Any and all information applicable to the transaction shall be fully and completely disclosed on Form D14-1180. If the information requested does not apply to the transaction, the words "not applicable" or "N/A" shall be entered.

PART A

The information to be disclosed in Part A of Form D14-1180 shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, "current death benefit" is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus outstanding indebtedness. The term "cash surrender value" is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term "paid-up addition value" is defined as the cash value of additional insurance purchased with policy dividends. The term "dividend value" is defined as the total cash value of all policy dividend left on deposit with the company to accumulate at interest.

PART B

The information to be disclosed in Part B of Form D14-1180 shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of this form, "proposed premium amount" is defined as any recurring payment which is planned to be paid or which is required to be paid under the proposed policy.

PART C

The information to be disclosed in Part C of Form D14-1180 shall apply to the current, in-force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender of the current policy, Parts A, B, D, and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For purposes of this form, a "partial surrender" is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term "mode" is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words "one time only" shall be entered in the space provided. The term "loan interest rate" is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

PART D

The information to be disclosed in Part D of Form D14-1180 shall apply to the current, in-force policy and the proposed additional policy, respectively.

SIGNATURES

In order to evidence that the required disclosure has been made, Form D14-1180 shall be signed and dated by the soliciting agent or by a Corporate Officer, as well as by the policyowner. For identification purposes, the agent or Corporate Officer shall enter his or her Florida License Number or Corporate title, respectively, in the space provided.



MMFG004846548

Comparative Information Form for Proposed Insurance

Exhibit B

(Complete if Owner's initials are present in "YES" box on Exhibit A.)

MUST BE PRESENTED TO, SIGNED AND DATED BY THE OWNER AND PRODUCER AT THE TIME OF APPLICATIONProposed Insurer: MassMutualInsurer's Address: Mass Mutual Life Insurance Company 1295 State Street, Springfield MA 01111-0001Replacing Agent's Name: JOSHUA T DEWITT**OWNER INFORMATION:**Name Marcelle BertrandAddress 110 Mangrove Bay Way Apt 2308Jupiter, Florida 33477Telephone () 919-924-6105Date of Birth 06/28/1947 Age 75**POLICY INFORMATION:**Policy Generic Name MassMutual RetireEase

Policy Number _____

Date of Issue _____ Issue Age 75

Contestable Period Expires _____

Suicide Period Expires _____

Policy Loan Rate _____

POLICY/RIDER DESCRIPTION:

Policy/Rider Name	Initial/ Continuing Benefit	(Age) Benefit From To	Initial/Renewal Annual Premium	(Age) Payable From To
MassMutual RetireEase				

Total Initial Annual Premium \$ \$1,064,700.00 Mode of Payment _____ Amount \$ _____

Total Renewal Annual Premium \$ _____ Mode of Payment _____ Amount \$ _____

Exhibit B (continued)

Composite Disclosure of Proposed Insurance for Primary Insured

		GUARANTEES				PROJECTIONS*			
Year	Age	Annual Premium	Cumulative Premium	Cash Value	Death Benefit	Annual Premium	Cumulative Premium	Cash Value	Death Benefit
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
55									
60									
65									
75									
85									
95									

* Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE: The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implications.

REMARKS _____



Comparative Information Form for Proposed Insurance *Exhibit B*

(Complete if Owner's initials are present in "YES" box on Exhibit A.)

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Proposed Insurer: MassMutual
 Insurer's Address: Mass Mutual Life Insurance Company 1295 State Street, Springfield MA 01111-0001
 Replacing Agent's Name: JOSHUA T DEWITT

OWNER INFORMATION:

Name Marcelle Bertrand
 Address 110 Mangrove Bay Way Apt 2308
Jupiter, Florida 33477
 Telephone () 919-924-6105
 Date of Birth 06/28/1947 Age 75

POLICY INFORMATION:

Policy Generic Name MassMutual RetireEase
 Policy Number _____
 Date of Issue _____ Issue Age 75
 Contestable Period Expires _____
 Suicide Period Expires _____
 Policy Loan Rate _____

POLICY/RIDER DESCRIPTION:

Policy/Rider Name	Initial/ Continuing Benefit	(Age) Benefit From To	Initial/Renewal Annual Premium	(Age) Payable From To
MassMutual RetireEase				

Total Initial Annual Premium \$ \$1,064,700.00 Mode of Payment _____ Amount \$ _____

Total Renewal Annual Premium \$ _____ Mode of Payment _____ Amount \$ _____

Exhibit B (continued)

Composite Disclosure of Proposed Insurance for Primary Insured

		GUARANTEES				PROJECTIONS*			
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1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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18									
19									
20									
55									
60									
65									
75									
85									
95									

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